

Insurance program for retired members of AUPE



Prepared for:



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Helping protect the finances of you and your family

For over 40 years, the Alberta Union of Provincial Employees (AUPE) has been a strong voice to promote and protect the interests of its members. That includes helping you look after your family and finances with the AUPE's insurance program for retirees.

AUPE has grown to become Alberta's largest and most diverse union, with members working in government, health care, education, boards and agencies, municipalities, and private companies. This insurance program is designed to provide our members with access to affordable coverage options.

This is a high-level summary of coverage that will become available under the AUPE plan. You can find the full and final terms and conditions of this coverage in the certificate of insurance and associated group insurance policy. If there are discrepancies, the terms of the certificate and policy will prevail.

Extended health care and dental plan - Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Policies are underwritten by Canadian Premier Life Insurance Company.

Core Travel - CUMIS General Insurance Company is the underwriter of the Out-of-Province/Canada Travel and Trip Cancellation/Interruption Plans. These plans are administered by Allianz Global Assistance.

Overview

A quick look at the program

A full array of benefits

...with the advantage of group plan savings.

Financial protection for yourself and your family at a glance

Type of insurance	Coverage available for
Extended health care (EHC) with Core Travel	Member, spouse and all dependant children
Dental care	Member, spouse and all dependant children

You and your dependants must be insured for the same benefits.

When coverage begins

Applying without evidence of good health

AUPE members who meet the eligibility criteria may apply for coverage without medical evidence if their application is received within 60 days following the termination date of their group coverage.

Approved coverage begins the day following the termination date of the previous group insurance.

Applying with evidence of good health

AUPE members who meet the eligibility criteria and their application is received more than 60 days following the termination date of their group coverage must complete a medical questionnaire. Coverage begins on the first day of the month following approval.



Who can join the plan

You are eligible if you meet all of the following conditions:

- A permanent resident of Canada
- Between the ages of 55 and 76
- Insured by a Government Health Insurance Plan (GHIP)
- A member of AUPE in good standing on the date immediately following your date of retirement or the date your group insurance plan offered by your employer or union ends
- Have been covered under your employer or union plan on the date immediately following your retirement or termination of employment

Your dependants are eligible as long as they meet all the following conditions:

- A permanent resident of Canada
- Insured by a Government Health Insurance Plan (GHIP)
- Insured as dependants under your or your spouse's employer/union group insurance health plan
- Meet the definition of a spouse or a dependant child:
 - Your spouse is defined as a person to whom you are married to or in a common-law relationship or under any other formal union recognized by law as a spouse, and who is publicly represented as your spouse for at least 12 months. You can cover only one spouse at a time. Ending cohabitation terminates the eligibility of a common law spouse. To participate in this plan, your spouse must be under age 70 at time of application.
 - Your children and your spouse's children (other than foster children) are eligible dependants if they are not married or in any other formal union recognized by law, and are under age 21 or until age 25 if a full-time student attending an educational institution recognized under the Income Tax Act and entirely dependant on you for financial support
 - Any functionally impaired child who was insured as a dependant child remains insured beyond any limiting age for dependants. For the purposes of insurance, functionally impaired includes an unmarried person who was insured as a dependant prior to becoming functionally impaired and who is wholly dependant upon the participant for support and maintenance within the terms of the Income Tax Act. (Note: A letter of diagnosis/prognosis is required from a physician). The dependant impaired child will be set up separately after the limiting age.
- You must be covered for your dependants to be eligible to participate in this plan

Extended health care with Core Travel

Extended health care (EHC) with Core Travel insurance can provide benefits at a drug store, optician, paramedical appointment or if you have a stay in the hospital.

Extended health care

Plan year maximum	<ul style="list-style-type: none"> • Maximum of \$10,000 per covered person (not including Core Travel described separately)
Deductible	<ul style="list-style-type: none"> • \$0
Coinsurance	<ul style="list-style-type: none"> • 80% covered, unless otherwise noted
Prescription drugs	<ul style="list-style-type: none"> • 80% of costs covered • Maximum of \$2,500 per person per plan year • Covers a portion of eligible drugs that are not covered by your GHIP • Covers a portion of eligible drugs in excess of GHIP
Vision	<ul style="list-style-type: none"> • \$500 maximum per 24 months • Following eye surgery - \$175 lifetime • If you have severe astigmatism: \$200 maximum per 24 months for contact lenses up to 20/40 level • Eye exams (including refraction): Up to \$150 per 12 months (children) and 24 months (adults)
Hospital	<p>In-province hospital:</p> <ul style="list-style-type: none"> • 100% of the difference between the cost of a ward and semi-private room up to a maximum of \$150 per day • 100% of the difference between the cost of a semi-private and a private room up to a maximum of \$200 per day <p>Convalescent hospital:</p> <ul style="list-style-type: none"> • 100% of the difference between the cost of a ward and a semi-private room, up to \$20 per day for a maximum of 180 days
Home care	<ul style="list-style-type: none"> • Following a 24-hour hospital stay • Up to \$50 a day for 10 days
Paramedical	<ul style="list-style-type: none"> • Combined maximum of \$1,000 per person per plan year for: <ul style="list-style-type: none"> - Chiropractors - Physiotherapists - Massage therapists - Dieticians and nutritionists - Psychologists - Speech therapists - Naturopaths - Acupuncturists - Osteopaths - Audiologist - Podiatrist/Chiropodist • Maximum coverage of \$60 per visit

Extended health care

Hearing aids¹	<ul style="list-style-type: none">• Purchase or repair, with written recommendation• Maximum of \$1,000 per 3 years
Private duty nurse	<ul style="list-style-type: none">• Maximum of \$3,000 per 3 years
Medical services and expenses	<ul style="list-style-type: none">• Requires written authorization by physician and for therapeutic use only<ul style="list-style-type: none">- Surgical support stockings: \$200/year- Up to \$500 per 3 years for orthopaedic shoes, orthotics, inclusive of repairs and adjustments- Incontinent supplies: \$200 per year- Geriatric chair¹: Lifetime maximum of \$1,000- Insulin pump and transmitter¹: \$1,000 / 5 years- Intravenous supplies: \$150 per year- Wigs after chemotherapy: \$600 per 3 years- Dressing/bandages for chronic conditions: \$600/year- Walkers: \$120 per year- Manual wheelchair or electric wheelchair or scooter¹: Up to \$1,500 per 5 years, including repairs- CPAP¹: Up to \$1,000 per 5 years- Nebulizer: \$150 per 5 years- Hospital beds¹, ventilators, colostomy supplies, diabetic supplies, trusses, splints, crutches, casts, etc.

1. A one-year waiting period applies to these expense items.



Core Travel* (included with your EHC)

Our Core Travel benefit helps give you peace of mind while travelling. In the event of a medical emergency while outside your province of residence, this insurance covers eligible expenses incurred due to sudden and unforeseen medical emergencies, to an overall policy maximum of \$2 million per insured person. This coverage applies to an unlimited number of trips per year with a day limit of 92 days per trip.

The travel plan also includes coverage for Trip Cancellation in the event you are unable to go on your trip and Trip Interruption coverage in the event you need to return home due to an emergency. These benefits are subject to covered reasons outlined in the policy.

Benefit*	Amount
Overall policy maximum	\$2 million
Hospital	Up to overall maximum of \$2 million
Physician	Up to overall maximum of \$2 million
Private duty nursing	\$5,000 per insured, per year
Prescription drugs	In-patient - up to overall maximum of \$2 million Outpatient - up to a 30-day supply
Diagnostic lab and X-ray services	Up to overall maximum of \$2 million
Aids and appliances	Rental costs up to the purchase price
Paramedical practitioners	Chiropractor, podiatrist or chiropodist - up to \$225 per profession/insured Physiotherapist - up to \$300 per insured
Emergency medical transportation	To the nearest medical facility - up to overall maximum of \$2 million To Canada - excess return airfare and one round trip for medical attendant
Transportation to bedside	If hospitalized for seven consecutive days - transportation costs for one extended family member
Return of dependant children with escort	One-way economy transportation by the most direct route to return the child
Repatriation	Burial at place of death or repatriation - up to \$5,000 Transportation costs of one family member to identify remains where necessary
Vehicle return	Up to \$2,000
Additional commercial accommodation and meals	Up to \$150 day/maximum of 10 days
Surviving spouse support	Economy round-trip fare to a maximum of \$1,500
Guide dog return	Up to \$500/trip
Emergency dental	Accidental blow to the mouth - up to \$1,000/insured/trip Relief of dental pain - up to \$300
Trip Cancellation	Up to \$6,000 for non-refundable, prepaid travel arrangements
Trip Interruption	Up to \$6,000 for one-way economy fare and unused non-refundable prepaid travel arrangements

*Travel insurance doesn't cover everything. Please refer to the certificate for full terms and conditions, including limitations and exclusions. Travel benefits are underwritten by CUMIS General Insurance Company, a member of The Co-operators group of companies. This insurance is administered by Allianz Global Assistance, a registered business name of AZGA Service Canada Inc. If you or any of your dependants require medical assistance while travelling, you must contact Allianz Global Assistance within 48 hours or as soon as possible.

Rates

Monthly premium rates

EHC with Core Travel

Age	Single	Couple	Family
55-64	\$164.94	\$272.67	\$326.44
65-74	138.94	257.07	383.64
75-84	187.35	353.87	505.58
85 and over	311.76	602.69	809.16

Age and rate calculations are made at the Policy Anniversary (January 1) of each year.

Things to know

For prescription drugs, amounts above the lowest-priced equivalent drug are not covered unless approved by Securian Canada. You can submit an exception form if there is a medical need for a different prescription drug.

What's not covered

We will not pay for the costs of:

- Services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program, except as described under the integrating with government programs section of the group policy
- Implanted prosthetic or medical devices (examples of these devices are gastric lap bands, breast implants, spinal implants and hip implants)
- Equipment that we consider ineligible (examples of this equipment are orthopaedic mattresses, exercise equipment, air-conditioning or air-purifying equipment, whirlpools and humidifiers)
- Services or supplies that are not usually provided to treat an illness, including experimental or investigational treatments as defined in the contract
- Services or supplies that do not qualify as medical expenses under the Income Tax Act (Canada)
- Services or supplies for which no charge would have been made in the absence of this coverage

We will not pay benefits when the claim is for an illness resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- Participation in a criminal offence

This brochure is intended only as an outline of the group insurance policy, and/or certificate of insurance, which is available upon request. The complete terms, conditions, exclusions and limitations governing the insurance coverage are found in the group insurance policy and certificate issued by Canadian Premier Life Insurance Company, which operates under the brand name Securian Canada. The policy and certificate can be obtained by calling Securian Canada at **1-877-363-2773**, Monday to Friday, 8 a.m. to 8 p.m. ET.

Dental

A dental care routine is important for not only your oral health, but also your overall well-being. Dental care coverage helps you and your dependants maintain a dental care routine by helping you pay for eligible dental procedures.

To be eligible for dental coverage, you must:

- Request coverage at the time of applying for EHC coverage
- Be approved for EHC coverage

Payment for claims is based on costs described in the Alberta Fee Schedule for dentists.

Benefit

Preventive	<ul style="list-style-type: none"> • 80% of costs covered • Maximum \$1,500 per person per plan year • Scaling/root planing: 4 units per plan year • Oral examination: one per plan year • Recall: one visit per plan year, 4 units of scaling
Restorative (minor)	<ul style="list-style-type: none"> • Endodontic and periodontic services: <ul style="list-style-type: none"> - 80% of costs covered - Maximum: \$750 per plan year - Periodontal recall: one per plan year
Restorative (major)	<ul style="list-style-type: none"> • 50% of costs covered • Maximum: \$1,000 (prosthodontic services¹)

1. A one-year waiting period applies to these expenses.

Rates

Monthly premium rates

Dental

Age	Single	Couple	Family
55-64	\$57.20	\$109.20	\$171.60
65-74	62.40	124.80	135.20
75-84	62.40	124.80	135.20
85 and over	62.40	124.80	135.20

Age and rate calculations are made at the Policy Anniversary (January 1) of each year.

What is not covered

We will not pay for services or supplies payable or available (regardless of any waiting list) under any government-sponsored plan or program unless explicitly listed as covered under this benefit.

We will not pay for services or supplies that are not usually provided to treat a dental problem.

We will not pay for:

- Procedures performed primarily to improve appearance
- The replacement of dental appliances that are lost, misplaced or stolen
- Charges for appointments that you do not keep
- Charges for completing claim forms
- Services or supplies for which no charge would have been made in the absence of this coverage
- Supplies usually intended for sport or home use, for example, mouthguards
- Procedures or supplies used in full mouth reconstructions (capping all of the teeth in the mouth), vertical dimension corrections (changing the way the teeth meet) including attrition (worn down teeth), alteration or restoration of occlusion (building up and restoring the bite), or for the purpose of prosthetic splinting (capping teeth and joining teeth together to provide additional support)
- Transplants and repositioning of the jaw
- Experimental treatments

We will also not pay for dental work resulting from:

- The hostile action of any armed forces, insurrection or participation in a riot or civil commotion
- Teeth malformed at birth or during development
- Participation in a criminal offence

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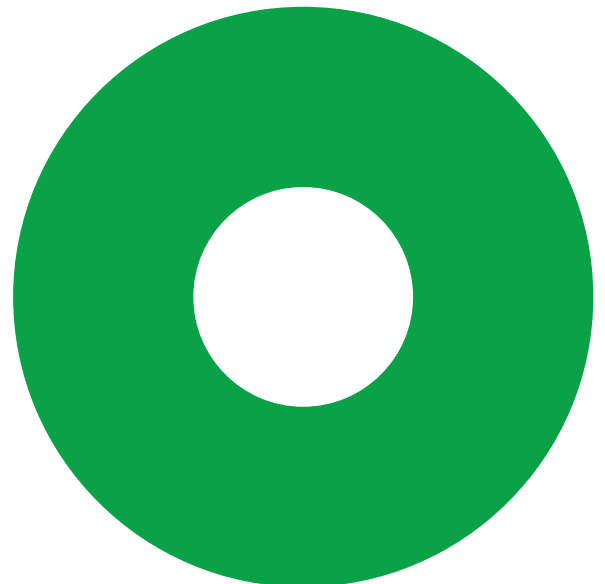
When does your coverage end?

Your coverage will end on the earlier of the following dates:

- The date you enter service in the armed forces of any country
- The end of the month for which premiums have been paid to Securian Canada for your coverage
- The date you are no longer eligible for coverage
- The date your coverage is terminated by Securian Canada
- The end of the month you notify Securian Canada in writing of your intention to terminate coverage
- The date the contract ends
- The date of your death

Your spouse or child(ren)'s coverage terminates on the earlier of the following dates:

- The date your coverage ends
- The date they no longer meet the definition of a spouse or child
- The end of the period for which premiums have been paid for their coverage
- The date their coverage is terminated by Securian Canada
- The date they enter service in the armed forces of any country
- The end of the month you notify Securian Canada in writing of your intention to terminate their coverage under your plan
- The date of your spouse or child's death



How to apply

Protect yourself and your loved ones today

It's important to have the safeguards in place to protect yourself, your family and your finances.

With group price savings, thanks to your AUPE membership, getting the insurance you need is more affordable.

Simply visit securiancanada.ca/aupe to check your options, see the rates and follow these three steps:



Download application



Fill it out



Mail it in



Apply today – so you can rest easier tomorrow

Have questions?

Please give us a call at **1-877-363-2773**

Monday-Friday, 8 a.m.-8 p.m. ET

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F103528-11 6-2023 DOFU 6-2023
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